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U.S. Department of Labor Office of Labor-Management Standgres Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No 1215-0188 Expires 11-30-2008

This report is mandatory under P L. 86-257, as amended Faiture to comply may result in comman prosecution, thes, or civil penalties as provided by 29 U.S.C 439 or 440

READ THE INSTRUCTIONS CAREF	ULLY BEFORE PREPARING THIS REPORT.			
1 File Number U - 7.3.5.0	2 Fiscal Year Covered From: [1] / [1] / [2004] Through [12] / [31] / [2004]			
3. Name and address of person filing.	4 Name, file number, and address of labor organization			
Name CLIPPORD F TUCKER, 11	Name MILLWRIGHTS & MACHINERY ERECTORS LOCAL 1000			
- I had longer to the second t	Labor Organization File Number [512-553]			
PO Box, Bidg., Room No., If any	P.O. Box, Building and Room Number, if any			
Street 9711 E. HILLSBOROUGH AVE.	Street 9711 E. HILLSBOROUGH AVE.			
CIV TAMPA	City TAMPA			
State Florida ZIP Code +4 33610-592	State Florida ZIP Code + 4 33610-5929			
5. Position in labor organization TREASURER				
Enter appropriate data below if, during the past flecal year, you or your spouse or inliner child directly or indirectly had any of this indirects (except as specified in the exclusions set forth in the instructions). A. Held an interest in, angaged in transactions (including losses) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7 a. Nature of Interest, Transaction, or Income			
Name (<u>-</u> -[]			
Trade Name, if any				
P.O. Box, Bidg., Room No . If any	7.b. Amount.			
Street				
City Supplementary and the state of the stat				
State ZIP Code +4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete, (See the section on penalties in the instructions.)				
submitted in this report (including the information contained in any second undersigned's knowledge and belief, true, correct, and complete. (See the	y of Perjury and other applicable penalties of the law, that ell of the information panying documents), has been examined by the signatory and is, to the best of the			
lead mitted in this report (including the information contained in any accoma	y of Perjury and other applicable penalties of the law, that ell of the information panying documents), has been examined by the signatory and is, to the best of the			

Name of Person Filing CLIFFORD TUCKER, IT		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, salling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or solling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	Business deals with: a Labor Organiza b. Trust c. Employer				
10. If 9.b. or 9.o. is checked give trust or employer's name. Name Trade Name, if sny: P.O. Box, Bidg., Room No., if any	11 a. Nature of such deal	ng.			
Street	11.b. Approximate dollar valu	ue of such dealing.			
State ZIP Code + 4	12 a Nature of Interest he	d or income received.			
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant	14.e. Nature of payment.				
(including trade name, if smy). Name MILLWRIGHTS & MACHINERY ERECTORS LOCAL 1000 Trade Name, if any:	Reimbursement for while performing Date of payment:	out of pocket expenses incurred administrative activities. 5/24/2004			
P.O. Box, Skig., Room No., If any Street 9711 E. HILLSBORGUGH AVE.) ,			
City TAMPA					
19.b. le the Business an Employer 🔀 or Consultant 🗍 ?	14.b. Amount of payment.	\$63			

Name of Person Filing CLIPFORD TUCKER, II		File Number U-			
B. Held an interest in or derived income or economic benefit with manetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (Including trade name, if any) Name Trade Name, if any: P.O. Box, Bidg, Room No if any Street ZIP Code + 4	9. Business deals with a. Labor Organiza b. Trust c. Employer	ition			
10. If 9.b. or 9.c. is checked give trust or employer's name	11 s. Nature of such deal	ırg			
Trade Name, if sny: P.O. Box. Bidg . Room No., if any Street City State	11 b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received				
		a de la companya de			
	12.b Amount.				
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money					
13 a. Name and address of Employer or Labor Relations Consultant	14.s. Nature of payment.				
(including trade name, If any) Name (MILLERIGHTS & MACHINERY ERECTORS LOCAL 1000	Reimbursement for while performing Date of payment:	out of pocket expenses incurred administrative activities. 5/4/2004			
Trade Name, if any] }	į			
P.O. Box, Bidg., Room No., If any Street 9711 E. HILLSBOROUGH AVE.		 			
Chy TAMPA		,			
State Ploxida 2 P Code + 4 33610-5929		(
13.b. Is the Business an Employer or Consultant 7	14 b. Amount of payment	\$200			

iame of Person Filing CLIPSORD TUCKER, 11		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or lessing to, or otherwise dealing with the business of an amployer whose amployees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or lessing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8. Name and address of Business (including trade name, if any) Name Trade Name, if any: P.O Bex, Bidg., Room No., if any Street City State ZiP Code + 4	9. Business deals with. a. Labor Organization b. Trust c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11 a Nature of such dealing				
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street					
City	11.b. Approximate dollar value of 12.s. Nature of interest held o				
State ZIP Code + 4					
	12.b. Amount				
C. Received from any employer (other than an employer covered under parts A and S above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Lebor Relations Consultent (including trade name, if any).	14 a. Nature of payment.	at at parter assessed to assessed			
Name MILLWRIGHTS & MACHINERY ERECTORS LOCAL 1000	Reimbursement for out of posket expenses indurred while performing administrative activities. Date of payment: 5/28/2004				
P.O. Box, Bidg., Room No , If any Street 5711 B. HILLSBOROUGH AVE.	- section	1			
Chy TAMPA					
Size Florida ZIP Code + 4 33610-5929		1			
18.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$85			